





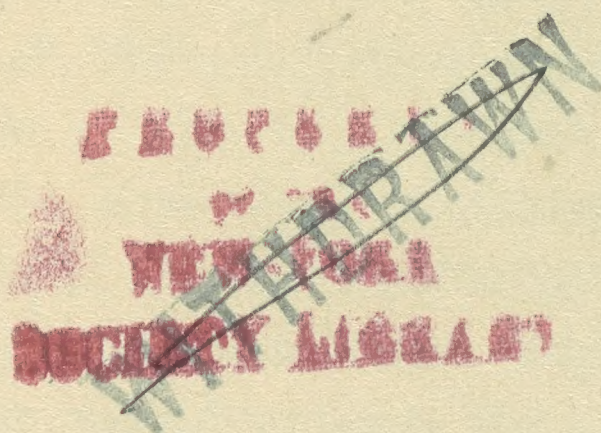


NOV 9 1948

hospital social service association of New York city  
annual report

FIRST ANNUAL REPORT  
A STUDY OF HOSPITAL SOCIAL  
SERVICE IN NEW YORK

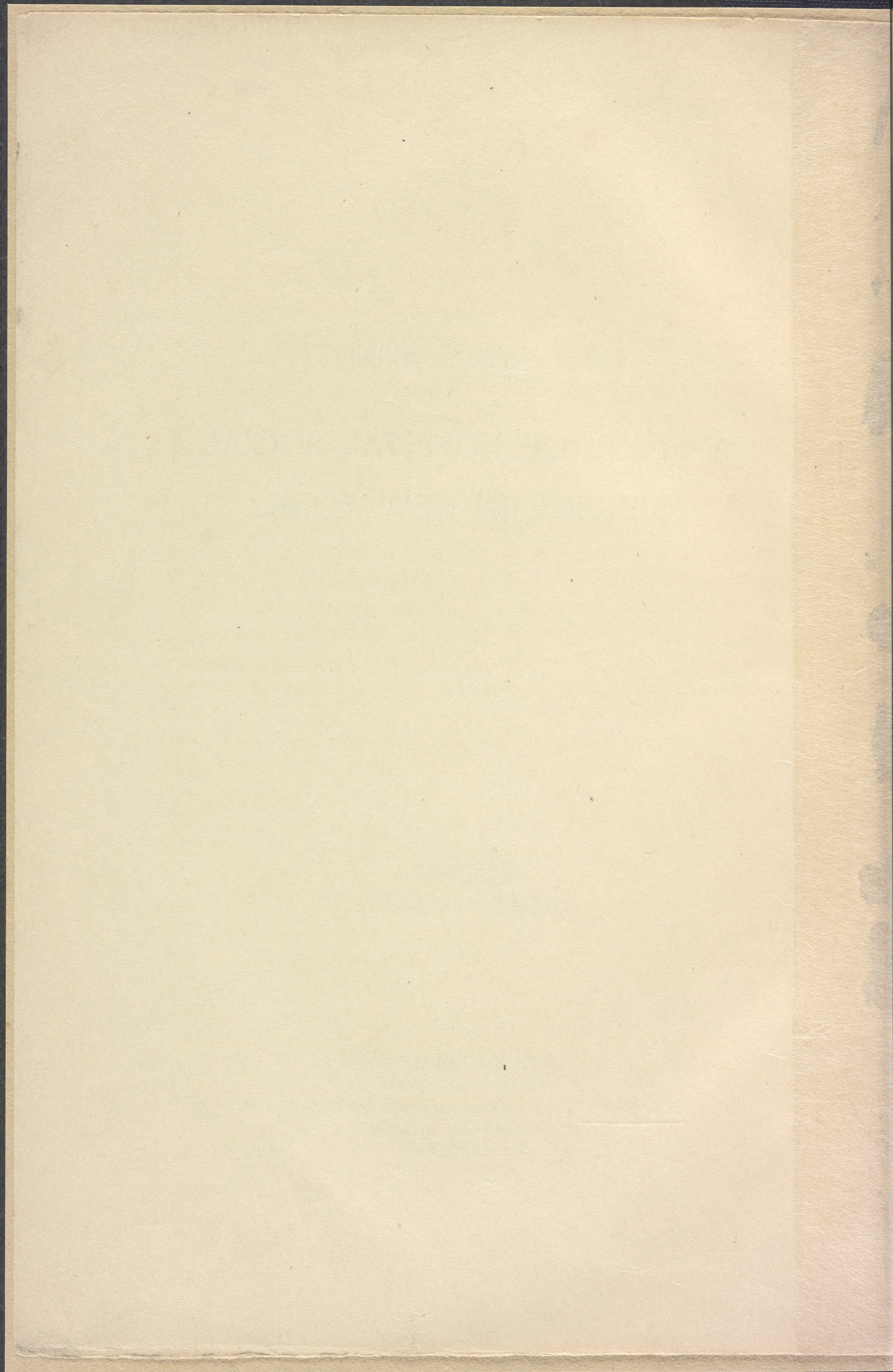
1917



MARY H. COMBS, R.N.  
*Executive Secretary*

NEW YORK CONFERENCE ON HOSPITAL SOCIAL SERVICE  
405 Lexington Avenue  
New York City







FIRST ANNUAL REPORT AND A STUDY OF HOSPITAL SOCIAL SERVICE IN NEW YORK CITY.

By MARY H. COMBS, *Executive Secretary*.

You probably will remember that the executive office of the Conference was opened August 7th, 1916, at Room 200, 405 Lexington Avenue, having been selected and equipped by the Committee appointed by you for that purpose.

Dr. Lambert, then president of the Conference, said there were two things to do: First, to develop the work of the Conference, and, second, to make a study of hospital social service in New York. This I have attempted to do, and my report will, therefore, be made under these two headings.

In developing the work of the Conference the first weeks were spent in becoming familiar with the various correspondence, membership files, mailing list and other material relating to the work of the Conference in previous years.

It was found that 23 social service departments were members of the Conference and that no new members had been added since October 27, 1915, yet there were at that time probably 43 hospital social service departments in New York City. In relation to this, the first thing undertaken was to become acquainted with the social service departments which were members of the Conference and also those which were not. Endeavoring to point out the advantages the Conference would be to them and the assistance they would be to the Conference, with the result that the applications of the following fourteen hospital social service departments were approved by the Membership Committee and elected to membership in the Conference by the Executive Committee:

Bellevue Hospital, Tuberculosis Division.

French Hospital.

Lincoln Hospital.

Gift Mrs. C. Jones



Manhattan State Hospital.  
New York Polyclinic Hospital.  
New York Post Graduate Hospital.  
New York Skin and Cancer Hospital.  
Sloane Hospital for Women.  
Volunteer Hospital.  
Williamsburg Hospital.  
New York Infirmary for Women and Children.  
New York Eye and Ear Infirmary.  
St. Bartholomew's Clinic.  
Brooklyn Bureau of Charities.

One application is still under consideration by the Committee, and one resignation is on file in the Executive Committee.

An application form for membership has been approved by the Executive Committee, consisting of the minimum amount of information which the Membership Committee considered necessary to have on file in this office.

#### APPLICATION FOR MEMBERSHIP.

Date:

Name of Hospital or Dispensary:

Address:

Number of Patients admitted last year to the Hospital  
Wards:

Number of Patients admitted last year to the Dispensary:

Number of Patients taken up by the Social Service Department:

In the Hospital Wards:

In the Dispensary:

Name of Head Worker:

Number of Workers:

Official title of the Social Service Department:

Is your Social Service Department an organic part of the hospital organization?

If not, how is it organized?

Is there an Auxiliary Committee?

How large?

Name of Chairman:



Keeping in mind constantly the study of hospital social service in New York City, which is part of this report, all questions and discussions were carefully noted and taken into consideration in the working out of the questionnaire used in the study. In this relation 267 visits were made to the various social service departments.

The membership file and mailing lists have been revised and all correspondence and subject matter classified. While statistics are not interesting, to prove the need of an executive office a record of all work has been kept. There were 353 interviews in the office of the Conference, which included applicants for workers, applicants for positions, persons desiring information about the Conference and those wanting information regarding organizing social service departments, records, etc. The telephone inquiries numbered 1057, and there were 1032 calls sent from the office. There were many outside calls which are classified as miscellaneous and they number 220.

Committee meetings were held, as a rule, in the office of the Conference, including the Executive, Finance, Program, Membership, Publicity and Nominating Committees. Meetings of special committees, Case committees, The Baby Welfare Association, Red Cross and the Association of Hospital Social Service Workers of New York and Brooklyn have been attended, amounting to 119 meetings in all. The Committee on Hospital Social Service of the Clinical Congress of the American Medical Association appointed a sub-committee on Exhibit, with instructions to present an exhibit on hospital social service. The following Committee members were chosen from the Conference: Mrs. Charles F. Neergaard, Mrs. Armitage Whitman, Miss Jessy C. Palmer, with an Advisory Committee composed of Dr. E. G. Stillman, Miss Mary E. Wadley, Miss Elizabeth Laird and Miss M. H. Combs, Chairman. A number of meetings were held in relation to it and much time and effort was necessary for the successful completion of the exhibit. Thirty-one social service departments of the thirty-seven subscribed to



the Exhibit Fund, while six either did not respond or were unable to. In making the exhibit the Committee had in mind one of permanent character, which could be loaned to various hospitals or organizations to stimulate interest in the subject. Sixteen panels, describing hospital social service in its different phases, were prepared and exhibited in the Scientific Exhibit of the American Medical Association. \$783.00 was collected toward the expense of preparing the exhibit and the total cost was \$740.00. The Exhibit Committee presented the following three recommendations which the Executive Committee of the Conference has approved: (1) That the Exhibit be held by the Conference for the use of the various committees, and that it should be exhibited wherever opportunity presents itself. (2) That the small balance be turned over to the treasurer of the Conference and held as a separate fund for the upkeep of the Exhibit. (3) That a Committee on Exhibit be appointed from the Conference.

As a result of the discussion of Home Convalescence at one of the Public Meetings of the Conference, a committee to investigate the subject was appointed by Dr. Gibney, consisting of the following members: Mr. S. Herbert Wolfe, Chairman, Mr. Bailey B. Burritt, Dr. Frederick Brush, Dr. William P. St. Lawrence and Miss Combs. After considering the subject, the Committee concluded that a study of the field of convalescence would be advisable to ascertain the probable number of patients in our institutions needing convalescent care, the number already receiving it, the available bed capacity in the existing convalescent homes, and the number of patients who could be returned to their respective duties with proper food and supervision given in their homes. In order to demonstrate the latter, to provide this care and to assign a worker to ascertain all the foregoing and to whom patients could be referred for home care. This study to cover a period of one year. Although it was suggested that there were several funds at least one of which could be diverted to this purpose, it was found upon



investigation that these funds were not available. Before further action could be taken war was declared and the work of the Committee has been given up for the present.

It is interesting to note that 990 letters were received during the year and 1447 have been sent from the office. These include routine correspondence and notifications of committee meetings, besides which letters were written during the summer to the chairman and head worker of each social service committee asking for suggestions for the program for the coming year. There were also 145 letters sent to the hospital social service departments throughout the United States and Canada, asking for their plan of organization and their record system, and for a copy of their annual report. Replies were received from 80. From them the Conference office will have on file information which may prove valuable for standardization of organization and work, and throw new light on hospital social service as carried on in other states.

It seemed advisable to take stock of our membership, endeavoring, if possible, to ascertain changes in the membership of the committees, due to the war or other reasons, and also to procure the names of directors to the Conference for 1918. Letters were sent out in September asking for this information, and replies were received from 19, leaving 18 unheard from, which necessitated many telephone calls to correct our membership list for this meeting. Only in this way were we able to ascertain the names of the many doctors most interested in hospital social service, and of the members of the women's auxiliaries and nurses who are in war service.

As one of the objects of the Conference is to provide a forum in which the problems of hospital social service can be discussed and defined, the public meetings were increased last winter from three to four. An extra meeting was held at the time of the Clinical Congress of the American Medical Association, and the first meeting of this year was held on October 24th, 1917. An average of 1169 notices were sent for each of



these six meetings, the average attendance being 225, which would seem a small percentage for the work and cost involved. Advance notices of the public meetings, with program, were sent to the Bureau of Public Health Education and were published in the Bulletin of the Board of Health. Notices were also sent to the Public Affairs Information Service and to the Public Health Nursing Bulletin.

The Executive Secretary attended the meetings of the American Hospital Association and of the American Nurses Association held in Philadelphia, as well as the meeting of the New York State Nurses Association, and also assisted in making a study of hospital social service in New York State for the New York State Association for Public Health Nursing.

Applications for positions have been received from 20 workers and 28 inquiries for workers were received. Sixteen workers were referred for work. A list of the hospital social service departments, with the head worker and a list of all the workers, was compiled. Requests have been received for these lists and they have been sent to the Free Synagogue, the Department of Nursing & Health of Teachers College, the National Organization for Public Health Nursing, the Committee on Nurses and the Committee on Aliens of the Mayors Committee on National Defense and to the Social Service Department of Bellevue Hospital.

The material for Volume III of the Proceedings was compiled and published. Four copies were mailed to each social service department of the Conference and 896 copies were sent to hospitals, charity organization societies throughout the United States and Canada, and to all medical libraries throughout the world. In addition to these there have been 75 requests for Volume I and Volume II, and 95 requests for Volume III. Reprints have been made of the paper read by Miss Anna Goodrich on Social Service Courses in Training Schools, and of the article on Hospital Social Service in New York by Dr. N. Gilbert Seymour, 211 copies have been distributed. The



material for Volume IV has also been gathered together and is now in the hands of the publisher.

An attempt has been made to have the social service departments in the Conference realize that the Executive Office belonged to them and that information for their use was gradually being gathered together. In this report I have tried to show the demands made upon the office and how they were met. There is still much to be accomplished, but, on the whole, the detail work of the office is well in hand.



## STUDY OF HOSPITAL SOCIAL SERVICE IN NEW YORK CITY.

The study of social service work in the hospitals and dispensaries of New York City was undertaken by the Conference with three objects:

*First:* To determine the quality of work being done.

*Second:* To determine the quantity of work to be done in the hospitals of the city.

*Third:* To establish, if possible, standards to which all might work.

Since 1908, when social service was organized in Bellevue Hospital, the growth in other hospitals and dispensaries has been rapid, until now we have in the institutions of the city 52 organized social service departments.

A questionnaire was prepared for a basis of study and the work of each institution was personally observed. The information secured was classified under three headings, hospitals, dispensaries and social service departments.

### INSTITUTIONS.

There are, in New York City, about 158 hospitals and dispensaries, with a probable average admittance to hospitals, outpatient departments and dispensaries of 5,000 new patients daily. Fifty-two, or 32.9% of these institutions have social service departments, 48 employing paid workers varying in number from 1 to 34, and 3 hospitals with volunteers only. Of the 52 institutions which have social service, 34 are members of the Conference.

These figures do not include the tuberculosis clinics or other clinics maintained by the Health Department, nor do they include those hospitals or dispensaries maintaining visiting nursing service only. Since completing this study the Williamsburg Hospital has become a member of the Conference but is not included in it.



Of the 34 institutions studied (with approximately 17,308 beds), four, or 11% are working only in the hospital wards and 24, or 70% work both in the wards and the outpatient departments, and 6, or 17% work only in the outpatient department and the dispensary. These institutions have a daily average attendance of 15,961.

Of the 34 institutions in the Conference, 26, or 77% have training schools for nurses; one has no training school and one has a training school for attendants. Six are giving training in social service, one has two lectures on the subject each year, and 22 have not as yet included it in their curriculum but are considering it. All recognize the need and value of such training, but in most instances there exists the impression that there is no available time in the already overcrowded curriculum. Two hospitals have a medical follow-up system, five surgical follow-up system, and five follow both their medical and surgical cases, while four follow up cases on special services.

Of the outpatient departments and dispensaries in the Conference, 24 are general and 8 special, averaging a daily attendance of 7,300. Fees are charged in 23 of the dispensaries. The charge ranges from 25c for a card good for one year, which includes treatment, to 10c daily, an extra charge being made for all prescriptions and special treatment. Treatment in the city hospitals and dispensaries is entirely free. No patient is refused needed treatment if unable to pay. Night clinics are held in 10 dispensaries for the convenience of patients unable to attend the regular day clinic. These include clinics for tuberculosis, cardiac, genito-urinary and surgical follow-up cases. One hospital has a Sunday morning clinic to which all surgical follow-up cases are referred.

Special classes for patients are held in 15 dispensaries on the following subjects: Prenatal, post-partum, cardiac, vaginitis, corrective exercises and mental diseases. Five clinics have convalescent homes or day camps of their own, and one has the exclusive use of a home for cardiac children. There are district



physicians in seven and four have their own visiting nurse service. Seven have a follow-up system in their medical and surgical cases; five have surgical follow-up only, and seven have special follow-up for other services, such as tuberculosis, etc.

It is a noticeable fact that the waiting-rooms for patients are being improved. Twenty-one were found to be adequate, 6 fair, and only 4 were found inadequate in size and poorly lighted and ventilated.

### SOCIAL SERVICE ORGANIZATIONS.

Of the 34 institutions studied, 28 are organized as a distinct department of the hospital with a co-operating auxiliary committee, two of these are affiliated through the training school and 8 are affiliated through other co-operating organizations.

Of the 8 affiliated departments, four are directly under the supervision of the Director of the Bureau of Social Investigations of the Department of Charities, having advisory committees on which the superintendent of the hospital and the superintendent of the training school serve. The remaining four are auxiliary committees which direct and support the social service work but have no other connection with the hospital. Volunteer committees supplement the work of the advisory committees in a large percentage of the departments. In some instances the work is financed and directed by other agencies and reports of the work made to them.

Lack of coordination of effort is apparent in some institutions. For example, one, with a well-organized social service department, covers all the work of the hospital and dispensary except the tuberculosis division, which is directed and financed by a separate committee. While the two departments co-operate perfectly, the tuberculosis division and the social service department are very distinct, not even having common members on their boards. Another has two active committees, each supporting and directing its own work, and in the same hospital there are at least two other departments with either volunteer or paid workers. It would



seem that if these could be organized as one department, with an executive head who would be responsible for the direction of the work, more and better work could be accomplished.

It was interesting to learn that three departments are financed entirely by the hospital, 20 by the hospital and the auxiliary, and 13 by the auxiliary alone. These funds are raised by subscriptions, dues and appeals. It is also interesting to know that one social service department has an endowment fund, and that another one employs a financial secretary to assist in raising funds. The Social Service Bureau of Bellevue Hospital is incorporated and has just received a gift of a settlement house.

The organization of the advisory committees was one of the most interesting parts of the study. It is apparent that the work accomplished depends in great degree upon the advisory committee, which brings to the institution valuable interest, service and financial aid.

The social service committee or auxiliary is usually made up of women interested in hospital work. These committees and auxiliaries have been of inestimable value to the patients and the hospitals, as they direct the work, assist in supplying funds and clothing and promote new activities. From these auxiliaries special committees are appointed to meet with the workers and supervise the different branches of the work. The executive or advisory committee varies. A well organized committee has representatives from the board of trustees of the hospital, the superintendent of the hospital the training school superintendent, doctors from the hospital and the dispensary medical and surgical boards, and the ladies auxiliary. Some executive committees, on the other hand, are composed only of representatives from the ladies auxiliary. Eleven committees meet weekly, 7 every two weeks, 10 monthly and 1 quarterly. The remaining six have no meetings but monthly reports of the work are rendered to the superintendent of the institution. At these meetings case work and special cases are discussed, as well as questions of policy. Studies of selected subjects have been made by some committees.



## WORKERS.

In reference to the workers, there is a wide variation in the number employed in the institutions, and also a great difference in the amount of work and the number of workers assigned. For example, the number of workers range from one institution with 34 workers to 11 institutions with only one worker each, a total of 135 workers in the 34 institutions. Graduate nurses with subsequent social training have been employed with evident success.

According to the figures obtained, the aggregate daily average attendance in the 11 institutions with only 1 worker, is about 8500. It is impossible to compare the work even of these 11, as the attendance varies, but in only one is the worker able to cover the field. In the Manhattan State Hospital for the Insane, situated on Ward's Island, inaccessible to the city and to the necessary agencies used, with a bed capacity of 3699, and a daily average attendance of 4951, one worker is assigned. Naturally she is not expected to cover the entire field, but what with parole cases and the emergency cases, one worker has more than she can do well. If, on an average, 60 patients from each of these 11 institutions need social service each month, is it not safe to say that a still larger percentage of these 8500 need it, and would it not indicate the need of more workers if this work is to be covered efficiently and to prevent social service from becoming merely a clearing house for the institution?

TABLE.

Number of Hospitals		Number of Social Service Workers
11	with .....	1
6	" .....	2
6	" .....	3
2	" .....	4
2	" .....	5
4	" .....	6
1	" .....	7
1	" .....	17
1	" .....	*34

\*Including Tuberculosis Division, which has 9 workers.



## PUPIL NURSES.

Pupil nurses are assigned to the social service department in 9 of the hospitals, the length of time varying from two weeks in the probationary period to three months in the senior year. This time is given in the probationary period as a means of acquainting the student with the department and its function. In the senior year it prepares the student for further study but in no way takes the place of it. Each year approximately 112 senior students are given from two weeks to three months practical work. There is a growing tendency to include this training in the curriculum of the training schools, and I might add that all the workers welcome it, knowing only too well that the direction of the students' work will be added to an already busy department, but with the hope that the pupils will the more readily observe the social needs of the patients under their care, and that those best fitted for the work may take post graduate work to fit them for good trained workers. One social service department is already giving a student course of three months to graduate nurses, and Teachers College has added a course in hospital social service to the course in Public Health, and will use the social service departments of the institutions in the Conference for field work.

## VOLUNTEERS.

In considering the subject of volunteers, the question was asked: "What do you mean by volunteers?" "My committee are all volunteers," while a few said, "We have different groups of volunteers." So, for purposes of study, they have been classified under three headings:

- First:* Those members of committees who finance and direct the work.
- Second:* Those who serve on committees and give such time for the work as may be needed when called upon.
- Third:* Those who give stated time for work in the social service office, clinics, classes and case work, under the direction of the Head Worker.



It would seem unnecessary to enlarge on the first two groups, as in most instances the members of the committees feel their obligations and are conscientious in attending meetings, keeping in touch with the work, and this despite the many other demands now being made upon their time and interests. It has been shown that much valuable work can be done by volunteers with direction, and also that we have not in the past availed ourselves of it to any great extent. The Head Worker and volunteer may be equally blamed for this. The failure of volunteers is in part due to their irregular attendance and dislike of humdrum routine. For instance, many persons wishing to give service fail to see the importance of regularity in attendance. If there are vacant beds in the convalescent home on Tuesday, at 9 o'clock, for three patients, and these patients must be taken there at that time, one can readily see that 10 o'clock, or the next day, will not answer.

Then again, when the work assigned is more or less commonplace, lacking appeal in a spectacular way, the volunteer loses interest, forgetting that the commonplace things are necessary for the completing of successful cases. Histories must be taken and taken regularly to be of value.

The untrained service must be supervised and the stress of work in a busy office gives little time for it, but the worker must see that each person is assigned to the work she can do best, and that if a volunteer agrees to give three hours every Monday, from 9 to 12, work must be ready for her. We must not forget that volunteers are giving time out of busy days and their interest must not lag because we fail to assign them work. In this way much valuable service can be utilized, the scope of the department enlarged, and the trained worker released for more important work.

Perhaps one of the best examples of this is the work of the Free Synagogue in Bellevue and Lebanon Hospitals, an average of 25 volunteers working in each hospital under supervision. This is one phase of the work which should be taken under serious consideration by the various committees.



## HEAD WORKERS AND SALARIES.

The Head Workers are generally selected by the Advisory Committee with the approval of the Superintendent, and the assistant workers are selected by the Head Worker with the approval of the Committee. Volunteers are usually elected by other members of the Committee or chosen by the Head Worker.

Number of Headworkers		Number of Assistants
1 at \$1620 with luncheon .....		25
1 " 1500 " " and laundry .....		17
2 " 1500 " " .....		5
1 " 1500 " " .....		2
1 " 1500 .....		1
1 " 1320 with board .....		6
1 " 1260 " carfares .....		6
1 " 1200 " lunch and dinner .....		3
1 " 1200 " " " laundry .....		2
1 " 1200 " " .....		9
2 " 1200 " " .....		4
1 " 1200 " " .....		3
2 " 1200 " " .....		2
1 " 1200 " " .....	no assistants	
1 " 1200 " maintenance .....	" "	
6 " 1200 .....	none to 5 assistants	
1 " 1020 with lunch .....	no assistants	
1 " 1000 .....	" "	
1 " 960 with lunch .....	" "	
2 " 900 .....	" "	
1 " 900 with board .....		1
2 " 900 " lunch .....		1
2 " 900 " " .....	no assistants	
1 " 780 .....	" "	
1 " 600 with maintenance .....	" "	

The salaries of the workers have been divided into two groups:  
(1) Salaries of Head Workers; (2) Salaries of Assistants.



In the first group the salaries alone of six workers vary from \$780—\$960—\$1000—\$1200; six workers receive \$600—\$900—\$960—\$1020—\$1200 with maintenance, board, or luncheon. These twelve workers have no assistants. The salaries of the remaining 23 range from 900—\$1200—\$1260 and \$1320—\$1500—\$1620 with luncheon, or luncheon and dinner, or board, with a large variation in the number of assistants.

The salaries for assistants range from \$600 with maintenance to \$1200 with lunch, the variations being \$720, \$900, \$960, \$1000, \$1020, \$1080, \$1140, maintenance, board, luncheon or carfare being included.

The working day is usually from 9 to 5, with Sundays legal holidays and one-half day each week. When night work is required, time off is arranged during the day; this is also true of regular Sunday work. A month's vacation with salary is allowed by 27 hospitals, and 7 allow 3 weeks with salary. One week may be taken in the spring and three weeks during the summer by 6 hospitals, and in two hospitals the workers have 3 days given them in the spring.

The question was asked: "Are your workers encouraged to attend conferences and lectures?" 88% answered "Yes" and in most instances it is required and considered of value. Five said they were allowed but their committee was indifferent, and one was allowed if work permitted.

Initiative in work was allowed in 88% of the departments; 12% were compelled to consult the committee on all work.

#### OFFICE.

In regard to the location of the social service office, 18 are in the outpatient department, 14 are in the hospital, and in two instances desk room only is furnished. 79% are adequate in size, 20% are inadequate and the work carried on under great odds, one especially being inaccessibly located on a rear corridor, poorly ventilated and artificially lighted. Ninety-four per cent. have daylight, two of these having daylight but requiring artificial light in addition, and 6% are compelled to use artificial light constantly.



Privacy in interviewing patients can be had in 94% but it is impossible in the other 6%. Only 38% have provided waiting rooms for patients 47% having to wait in corridors near the social service office, and in the remaining departments the patients wait in the social service office.

#### PLACING OF WORKERS.

The placing of the workers also varies. Seventy-nine per cent. visit wards daily; 32% are in tuberculosis clinics; 20% are placed at admitting desk 73% are placed in special fields, including children, mental, syphilis, maternity, etc. The hospital office sends a list of the daily admissions to the social service office, which assists the worker in her ward visits. The Free Synagogue visits every Jewish patient in the wards of Bellevue Hospital. In one hospital every patient is interviewed in the ward and a home visit made before the patient is discharged. In another hospital no ward visits are undertaken, except those referred by the physicians, nurses, administration office or outside agencies, and it is interesting to note that the hospital is so alive to social service that six workers have all and more work than they can do.

In connection with this it was found that 94% have social service follow-up. The remainder considered it most valuable but the volume of work prevents them from doing it. 44% have special classes for cardiacs, mothers and baby welfare, and classes in hygiene, sewing, cooking and carpentry also are held. With three exceptions conferences of the Head Worker and her assistant are held for the discussion of case work in every instance where there is more than one worker. Conferences of the workers are also held with the advisory board and volunteer committee. In six hospitals conferences of the social workers, internes and pupil nurses are held. In another, the social service nurse is required to attend the weekly staff meeting, at which policy of work and special cases are discussed. Another progressive feature is that in twelve departments educational conferences are being held, and in fully as many there are prescribed courses of reading.



## SURVEYS.

Only seven institutions, or 20%, have been interested in medical or surgical research and special surveys. Included in these is a study of a group of Twilight Sleep patients and a group of cardiacs made by the Gouverneur Committee, cardiacs, drug addicts and tuberculosis patients by Bellevue Committee, 500 infantile paralysis cases by the Hospital for Ruptured and Crippled, and a group of cardiacs by St. Luke's and the Post Graduate Hospital and others. Also a study by New York Hospital (not yet published) of the patients sent to Campbell Cottages for convalescent care.

For the advancement of medical social service it will be necessary to study groups of cases to meet the problem of future treatment and care of patients. This should be a function of social service, and until it is included as routine work whenever possible, we have not filled our place in the field of medical and social service.

In 94% cases were referred from physicians, administration office and other departments of the hospitals, while all the departments were consulted by outside agencies. In three departments the physicians failed to refer cases and in two the administration office was indifferent. In five more general interest in the department would be welcomed. With the exception of these ten departments the method of reference was satisfactory. When for any reason patients are refused admission to the hospital, they are referred to social service in 29%, and eight departments, or 23%, pass on the financial condition of the patient when free medicine and special treatment are required. All cases are assigned by the Head Worker except where the work is assigned by division, and then the work is assumed automatically.

## CASES.

The intake of cases is not limited except by two workers. All emergent cases and all cases referred are taken up, but in reality the intake is necessarily limited, due to the limited number of workers.



Children, maternity, tuberculosis, orthopedic and cardiacs are practically covered in all of the hospitals. There is very little work with syphilitics, mental, nose and throat and eye cases, and the unmarried mothers, one of our greatest problems, has not yet been solved.

In estimating the number of cases carried per worker each month, it was found to vary from 25 to 135, with a possible average of 60 cases per worker.

The workers in cardiac, tuberculosis, after-care and baby welfare divisions, usually average more than 60 cases, probably 100 cases, as the work is carried over longer periods of time. After the case is once started, the supervision of these cases is not so pressing and can be attended to in less time, thus enabling the worker to handle more of such cases than in emergency cases.

#### RELIEF.

85% give financial relief and 14% have no relief fund. Of the latter, one refers all cases needing relief to its committee for decision, two to co-operating committees, while 11 refer them to various relief agencies.

In order to ascertain, if possible, exactly for what purposes the funds were used, the following questions were asked: 1. Is your relief fund for emergency only? 2. Do you pay rent?

To the first question 64% answered yes and 23% no. Emergency relief was found to mean the giving of food, diets, clothing, surgical appliances, orthopedic shoes, carfares, loans, transportation, night lodging, etc. Prolonged relief is rarely given and only when the medical problem is urgent. Paying rent is not general, but it was found this form of relief was being given by 32%. Included in this are those who pay rent as a regular part of their relief work, and others who pay it in extreme cases or in co-operation with other agencies.

The comparison of relief funds would show a marked difference in the amount of money expended for relief by the various social service departments. They range from those with no funds



to those having an unlimited fund, and include sums of \$5, \$10, \$25, \$30, \$60, \$70, \$75, \$100, \$250 and \$300 monthly.

### RELIEF FUNDS.

Amount per Month	Number of Local Social Service Departments
\$300 .....	1
250 .....	2
180 .....	1
100 .....	2
75 .....	1
70 .....	1
60 .....	2
50 .....	2
30 .....	2
28 .....	1
25 .....	2
20 .....	1
15 .....	1
10 .....	2
5 .....	2
Unlimited .....	2
No stated fund .....	3
No fund .....	5
Unaccounted for .....	1

Some have special funds in addition to regular funds.

Some of the funds may seem large, at first glance, but if these figures could be studied in relation to the number of cases carried, it would be found that a large amount of work is being accomplished with a small amount of money. To restore a patient to health and make him economically useful, no sum of money expended would seem too large. An average of \$2.50 a month for a cardiac case, which would necessarily need special treatment, would not seem excessive; neither would \$25 a month expended on a group of 85 specially handicapped persons.



In contrast, the thoughtful, painstaking consideration of a patient's needs, oftentimes reveals the fact that the expenditure of money is unnecessary and unwise. Putting the patient in a way to help himself, by the teaching of proper hygiene, the proper use of food, and the securing of employment under proper working conditions, are all of more value than small amounts of money expended from time to time.

### RECORDS.

The question of uniform records comes up frequently for discussion. It is generally recognized that in order to do adequate work a fairly complete record of the patient's social and economic history, as well as his physical condition, should be kept. Record forms continue to differ, according to the needs of the various hospitals, but a minimum of facts is included under the following headings:

Identification data,  
Social history  
Disposition.

Physical condition  
Continued history

Certain facts should be available at any time. One should be able to give the number of patients carried, the number of new patients and re-opened cases, and number of the discharged cases including the average number of patients carried monthly by each worker. If for no other reason, this information should be available for the continuance of interest and financial support. A convincing argument for increased funds or assistance, would be readily available figures showing the growth in the volume of work with no increased facilities.

The opportunity afforded for the study of types of cases to assist in the method of future treatment and as a method of checking up the efficiency of the department, is another argument for a complete record system, with medical and social facts carefully noted.

In making a plan for the patient, the family must be considered, and so the family unit rather than the individual is being more and more emphasized. If records could be kept and filed as



family records, much duplication in record keeping could be eliminated.

The continued history is an important part of the record and for the reliability of this information a day sheet should be kept, on which all work can be noted and later transferred to the history record and from which the monthly report can be tabulated.

The form of record has been more or less standardized, due in great part to the study of records made by the Committee appointed by the Conference. The suggestions made by this Committee have been adopted in all essential points, and practically four forms are used, including at least the minimum information decided upon. Sixteen use 5x8 card, 7 use a folder card, 4 have a card filed in a folder and 7 have face sheets in a folder. The index and slight service cards are in general use, but there is still great difference of opinion as to what should be termed "slight service" what "moderate" and what "intensive,"—many workers contending that even those termed slight service should be termed moderate service. (About 53% are typewritten.)

Visible files are in use by some institutions and assist in checking up the attendance of special groups of patients.

All records are filed in the social service office. In one it is also filed with the medical history, and in another *will be* in the near future. The social record for special types of cases is filed with the medical history in six institutions. In one hospital this is charted by the physician, in another the worker makes a written report to the physician of every case and in two a written report is made of special types of cases. An abstract of social conditions is put on the medical history by 29%. Until the time comes when all social histories are filed with the medical history, the importance of carefully reporting of social conditions and results obtained cannot be emphasized too strongly. In this way only can our records be made valuable for future study and growth of the work.

An important feature—that of reviewing the case work and thus checking it up—is inadequately carried out. It is attempted



by nine institutions, usually by the Head Worker. One is reviewed in the weekly conference of workers, the Committee reviewing only those special cases brought to it for discussion except in two instances, when all cases are reviewed by the Committee. One can hardly leave the subject of records without considering the amount of clerical work involved. As has been shown, it is an essential part of the work of the social service department, but much of it can be done by a clerical worker. Eleven, or 32% have clerical workers. In one department, where three workers are employed, there were 262 cases referred in one month, including general welfare, children, maternity and prenatal work,—an average of 87 cases per worker. It would seem like poor economy to tax the time and energy of a worker to the point of interfering with her case work, when much of the keeping of records could be done by a clerical worker.

#### CO-OPERATION.

The importance of co-operation, both inside the institution and outside, cannot be over-estimated, and is agreed upon by 98% of the departments, the remaining 2% do not use any agencies unless the patient is known to them and then not in all cases. The hospital social service departments are used by all other agencies in referring their cases for diagnosis and treatment, and usually are consulted when the question of illness must be considered in making the plan for the family. Thus it can be seen that co-operation is mutual. There are found to be many disagreements as to the policy used with our cases, but usually a working agreement can be found. It was found that 88% use the social service exchange, as routine or in part, and 12% do not use it at all.

In calling attention to the work the value of annual reports can not be too greatly emphasized. Whenever they are incorporated in the hospital report and can not, on account of cost, be distributed freely, it would be advisable to have copies of the social service report separately printed for distribution.



## SUMMARY.

The result of this study shows that of 158 hospitals and dispensaries, 52 only have social service departments, and of these but 34 are members of the Conference.

The social service departments of these 34 institutions may be classified according to the form of organization under two headings: First, those departments organized as a distinct department of the hospital management, and, Second, those departments affiliating with the institution but financed and directed by other agencies. If, as has been said, hospital social service has become a factor in the diagnosis and treatment of disease, it should then be a distinct department of the hospital organization.

The advantage of the second group is found chiefly to be that of relieving the hospital of the cost of maintaining it, and should only be undertaken until such time as the institution can assume the financial responsibility.

It has been shown that in these 34 departments, a recognition of the functions of hospital social service and the fulfilling of these functions has been worked out, as follows: (1) For the physician by assisting in diagnosis and treatment and by interpreting the physical environment to the physician. (2) For the patient by education of the family and individual in hygiene, proper living conditions and choice of food; also by supervision of patients in their homes, providing convalescent care and by supplying relief when necessary.

The adequate fulfillment of these functions will depend on:—

A well organized advisory committee.

An adequate staff of workers.

A knowledge of resources of the city.

The forming of classes for groups of patients.

Social service follow-up systems.

Co-operation with all agencies.

Studies made of groups of cases.

The keeping of accurate records.



The following recommendations summarize the facts outlined in the foregoing study:

1. All hospital social service organizations should be a distinct department of the hospital.

2. Advisory committees, which should meet in the hospital, should be organized as nearly as possible along the following general lines: Members of the board of trustees; doctors from the medical and surgical boards of the hospital and dispensary; superintendent of the hospital and superintendent of the training school; members of the Ladies' Auxiliary or the chairmen of the various sub-committees of the auxiliary.

3. The services of volunteers should be encouraged. The advancement of this service should be taken under serious consideration by the advisory committee.

4. Special classwork should be used for classified groups of patients.

5. As rapidly as possible the work should be extended to cover syphilitics, nose and throat, eye, and mental cases.

6. Committees should consider the question of convalescent homes for mental cases, the convalescing of patients in their homes, and for the adequate disposition of unmarried mothers.

7. Relief should be given as medical-social relief, such as: Special medicines, surgical appliances, special diets, transportation, convalescent relief, preventive work. Special funds should be used to supplement salaries, for providing clerical workers, for teachers for classes, for the study of special groups of cases and to provide vacation homes.

8. The workers should have had social training in addition to a nurses's training.

9. The work of the department should be directly under the supervision of the head worker, who will be responsible for the work of the assistants and for enlarging the scope of the work.

10. The minimum salary for head workers should be \$1200 and for assistants \$1000 annually, with one month's vacation, a working day from 9 to 5, with a half day each week besides Sundays and holidays.



11. In emergency work a maximum of 60 cases per worker should not be exceeded, while in chronic cases probably 100 cases would be a maximum. This depends, of course, on the size of the district covered.

12. To improve the conditions under which the workers are employed, proper office, desk and filing room should be provided. Also a private room for interviewing patients.

13. A record system should be maintained which will record the following minimum facts:

*Identification data*—Name, age, address, etc.

*Physical data*—Diagnosis.

*Social data*—Family, housing conditions, employment.

*Economical data*—Income, insurance, lodges, relief agencies.

*Continued History.*

*Disposition.*

14. At least one clerical worker, depending upon the volume of work, should be provided for each department, when the specific work of the department makes the keeping of adequate records impossible.

15. The importance of co-operation with all agencies is essential for the promotion of:

Service to the patient.

Service to the physician.

Service to the hospital.

Service to the community.

And when this is accomplished it can be said that Hospital Social Service truly is "The Spirit of Service."

PROPERTY  
OF THE  
NEW-YORK  
SOCIETY LIBRARY

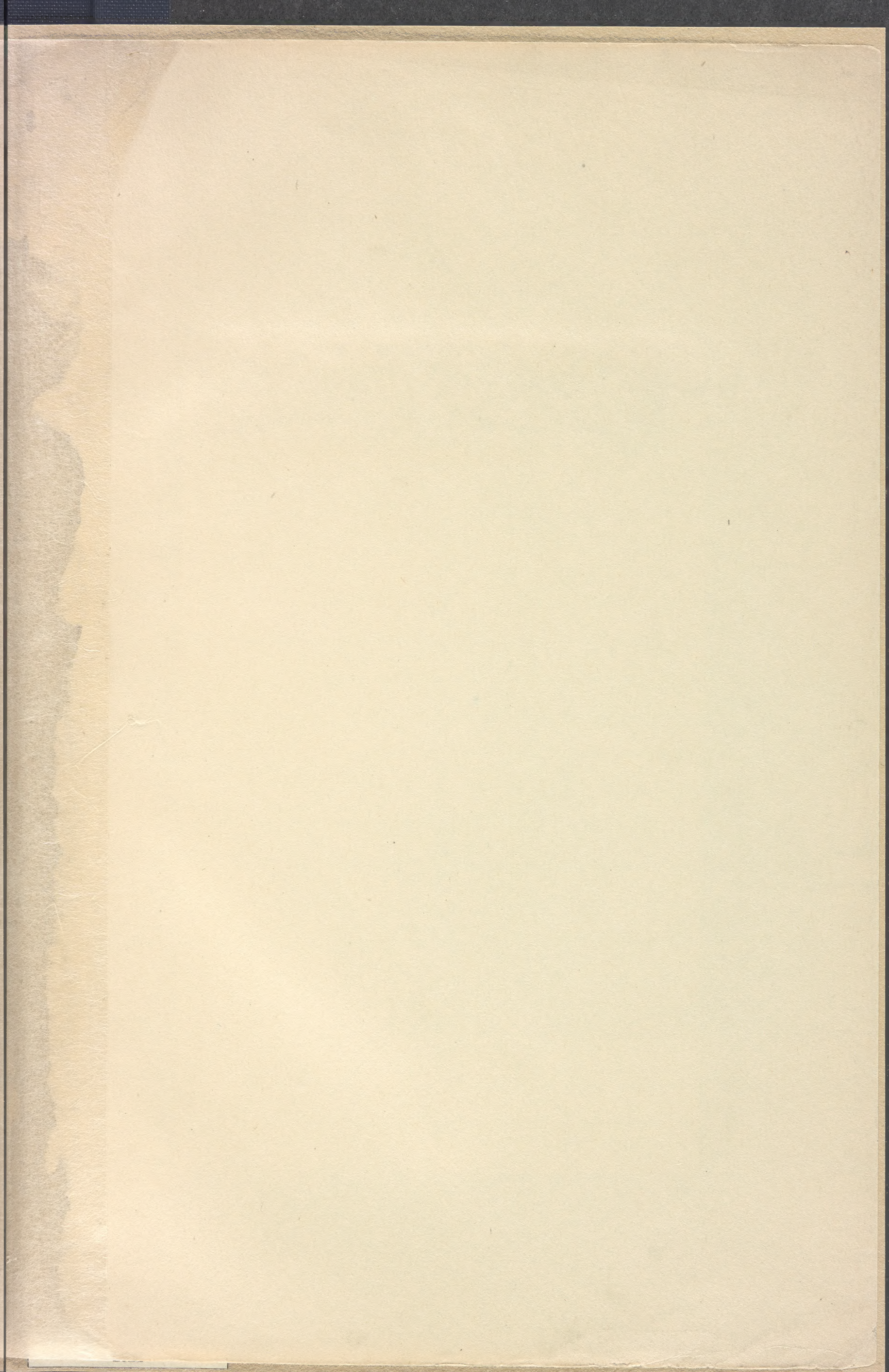














COLUMBIA UNIVERSITY LIBRARIES

This book is due on the date indicated below, or at the expiration of a definite period after the date of borrowing, as provided by the library rules or by special arrangement with the Librarian in charge.

[illegible]







